safeTALK AND **ASIST** REGISTRATION FORM

Check which training you are registering	or; dates requested:					
☐ CREDO-SFTLK-1.0 - Safe Ta	, Ask, Listen and Keepsafe (safeTALK) Training	The state of the s				
☐ CREDO-SFTLKT4T-1.0 - Sa	Talk, Ask, Listen and Keepsafe Training for the Train	ner (T4T) Course				
☐ CREDO-ASIST-1.0 - Applied	uicide Intervention Skills Training (ASIST), 2-day work	kshop				
☐ CREDO-ASISTINST-1.0 - Applied Suicide Intervention Skills Training for the Trainer Course (5-day)						
SERVICE MEMBER INFORM	TION: (Please print legibly or type)					
Last Name:	First Name:					
Cell Phone:	E-Mail:					
Branch of Service: Ra	c: Command:					
COMMAND ENDORSEMENT:						
Rank/Name of Supervisor (E7& above):						
Supervisor Phone:	· _					
Supervisor E-mail:						
	has command approval to attend the above indicated till present a signed certificate for entry into service mey).	•				
Supervisor Signate	e: Da	ate:				

RETURN COMPLETED REGISTRATION FORM TO:

CHAPLAINS RELIGIOUS ENRICHMENT DEVELOPMENT OPERATION (CREDO),
COMMANDER NAVY REGION MID-ATLANTIC (CNRMA)

Groton Office: 860-694-1144 Norfolk Office: 757-444-7654 / CREDO_CNRMA.FCT@navy.mil

Fax: 860-694-1146 Fax: 757-445-5304

INFORMATION & SCHEDULE: https://www.cnic.navy.mil/regions/cnrma/om/religious_programs.html

Office Use Only					
Date Rcvd:	Initials:	Registered:	Confirmation:	Certificate:	